



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIVISION OF ENVIRONMENTAL HEALTH  
CHILD CARE FACILITY  
INSPECTION REPORT**

REASON		GRADE	Inspection Date:		ESTABLISHMENT NAME:	
Regular	✓		2/8/17		ABC FAMILY DAY CARE HOME	
Follow-Up		N/A	Time In/Out:		OWNER/OPERATOR:	
Complaint			9:30   9:50		PAULINO, ARLENE T	
Investigation		RATING	Sanitary Permit No.:		LOCATION:	Establishment Type:
Other:			20000-16000290		196 - C PACHA DR. IPAN	FDCH
			PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired			
No. of Children: <u>3</u> Male <u>3</u> Female <u>6</u> Total			Child Care License No.: <u>160118</u> <input checked="" type="checkbox"/> Valid <input type="checkbox"/> / / Provisional <input type="checkbox"/> / / Expired			

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

[illegible]

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

**\*Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:**

(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

Received By (Name &amp; Title):

Asker T. Pantano Owner/Day Care Provider

DEH Inspector (Name &amp; Title):

J. GARCIA EPHOI